1	PATEI WCS/	COF	RD.	1		6	43.	535					
Y	TOTAL STATE	1-07		S FILED - PART (Column 1)		(Column 2)		SMAI	L ENTITY		·	OTI	HER THAN
	TOTAL CLAI						·RA			OI		LL ENTITY	
	FOR)	NUM	NUMBER FILED		NUMBER EXTRA		BASIC		FEE	4	RAT		
	TOTAL CHARG	SEABLE CLAIM	s 15	15 minus 20=		*		 			OF	BASIC	FEE 796.0
	INDEPENDENT	4	4 minus =		*		X\$ 2	-		OF	X\$50)=	
	MULTIPLE DEF	PENDENT CLAIN	A PRESENT	RESENT				X10	0=			X200	=
	* If the differen	ice in column 1	is less that	ess than zero, enter "i		0" in column 2		+180		•	OR	+360	_
1		ED - PART II				TOTA	AL L		OR	TOTA	190.00		
AMENDMENTA	(Column 1))	(Column HIGHES		(Column 3)		SMAI	LL ENT	ΊΤΥ	OR	OTHE SMAL	R THAN L ENTITY
		REMAINING AFTER AMENDMEN	ı	NUMBI PREVIOL PAID FO	ER JSLY	PRESENT EXTRA		RATE	TIC	DDI- NAL EE		RATE	ADDI- TIONAL
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İ								+180=		.	OR	+360=	
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8		CLAIMS REMAINING	1	(Column HIGHES	Ī	(Column 3)	ļ. "	·					
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AMENDMENT		AFTER AMENDMENT		NUMBER PREVIOUSL PAID FOR	Y	PRESENT EXTRA	F	RATE.	ADDI		F	RATE	ADDI- TIONAL
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